



Care Transitions

# COACH PROGRAM

Easing the transition from hospital to home

## SUGGESTED COACHING SCRIPT

### Introducing Coaching:

Hello, my name is \_\_\_\_\_, and I'm with \_\_\_\_\_ . I want to tell you about a new program at our hospital that **I'd like to arrange for you**.

It is a **free** program by our hospital (and the county AAA).

Your **doctor supports** this program to provide you with extra support to help keep you at home.

The coach (is from the county AAA and) will **help you** with medications and follow up doctor appointments.

The coach will **only** make 1 home visit and 3 additional phone calls to check up on you.

(In addition, you **may qualify** for other AAA services.)

**Let me set this up for you.**

# SUGGESTED COACHING SCRIPT

## If patient refuses:

- What do you have to lose by trying the program?
- We know that your (husband, wife, son, etc.) takes such good care of you, but the coach is additional support for them, as the coach is an extra pair of eyes.
- The coach can “coach” your (husband, wife, son, etc.) since they take care of your meds, MDAs etc.
- Would you be agreeable to just the follow up phone calls to make sure you are ok with your meds, went to your follow up apt, etc?
- I could arrange for the coach to talk to your family to explain the program in more detail.  
(*\*\*\* Families are more prone to accept the program*)

